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CAN A HYPNOTIZED SUBJECT BE COMPELLED TO CARRY OUT OTHERWISE UNACCEPTABLE BEHAVIOR? 1,2

A DISCUSSION

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Abstract: The continuing controversy about antisocial behavior and hypnosis is seen as related to the manner in which the question is traditionally phrased. Both the affirmative and negative positions are impervious to empirical refutation. Thus, a refusal to carry out antisocial actions can be ascribed to insufficient depth of hypnosis (or inadequate hypnotic technique), while the behavior of Ss who comply can be explained by asserting that the action merely represents what they would have done anyway. It is recognized that, insofar as agreeing to enter hypnosis may eventually facilitate a closer relationship, a S may become more likely to respond to certain requests than would otherwise be the case. It is proposed that the effect which agreeing to be hypnotized might exert would be similar to that characterized by a therapeutic relationship, a sexual relationship, or the use of alcohol. The reasons why the antisocial aspect of this question cannot be addressed experimentally are discussed. Further, no evidence is available to indicate that hypnosis increases the behavioral control of the hypnotist over that already present prior to its induction. Certainly, the popular view which holds that hypnosis is able to exert a unique form of control over the hypnotized individual, which can compel him to carry out otherwise repugnant actions, must be rejected.

The possibility that an individual may be compelled by means of hypnosis to carry out actions otherwise repugnant to him for the benefit of some unscrupulous hypnotist has long aroused the curiosity of novelists and scientists alike. In this context it seems unnecessary to review in detail the many issues that are involved (see, for example, Barber, 1961; Orne, 1961, 1962; Weitzenhoffer, 1949). As we have

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pointed out in the past, the traditional issue is phrased in a manner that defies empirical falsification (Orne, 1962). The position of those authorities who maintain that hypnosis can be used to compel a subject to comply with actions against his wishes is exemplified by Wells (1941), who states that any subject who fails to respond to such demands is either not sufficiently hypnotized or that adequate techniques have not been employed. On the other hand, the position of those authorities who insist that hypnosis cannot possibly be used in such a fashion is equally impregnable--they may maintain, as Erickson (1939) does, that any individual who would carry out such behavior during hypnosis already has the wish to do so and is merely given the opportunity by the situation to fulfill the wish. One can easily see how both points of view can be, and have been, maintained in the face of any and all evidence.

EXPERIMENTAL STUDIES

There have been some efforts to answer the question experimentally. The most influential studies have been those originally carried out by Rowland (1939) and replicated by P. C. Young (1952), where it was shown that hypnotized subjects could be compelled to remove a penny from a beaker of fuming nitric acid with their bare hands, to pick up a poisonous snake also with their bare hands, and finally to throw the beaker of fuming nitric acid at a research assistant. Both of these studies have been used to show that deeply hypnotized subjects could be induced to carry out such behavior, especially because these same subjects when asked in the waking state whether they would carry out such behavior had refused with horror.

These studies were replicated by Orne and Evans (1965) using the real-simulator model (Orne, 1959, 1971}. Twelve subjects were run in this experiment, of which six were individuals who were capable of entering deep hypnosis and the other six were individuals who had failed to do so despite cooperating in repeated attempts to induce the phenomenon. The unhypnotizable group was given instructions to simulate entering hypnosis in order to deceive the hypnotist, who would not know their true status. Five of the six deeply hypnotized subjects were indeed able to be compelled to carry out all of the required actions. Interestingly, however, six of the six nonhypnotized simulating subjects did likewise! Once the investigators had observed that hypnosis was not essential to induce the required behaviors, other groups of subjects were solicited and, with minimal contact, instructed to carry out the actions. Depending upon the degree of social pressure applied, complete or partial compliance to these demands was obtained.

In an entirely different context, Milgram's (1965) studies on obedience are equally relevant. In his design, subjects who volunteer for a psychological experiment find themselves in a situation with another subject who, unbeknownst to them, is actually a stooge. Subjects draw straws to determine who shall be the "teacher" and who shall be the "learner." The situation is contrived to assure that the actual subject always is the teacher. The learner is then strapped to an awesome looking chair and shock electrodes are attached. It is explained to the actual subject that this task is to teach the other subject a memory task and, each time the learner fails to answer a question correctly, the teacher is to administer a shock by pressing a button. The shock equipment has a long row of switches marked from low, to medium, to high intensity, with a final set of switches marked DANGER XXX. The teacher is instructed to increase the shock level with each successive failure to answer correctly. The problems are presented in such a way that the learner cannot keep up with them, and the subject “teacher” is therefore required to administer what appear to be ever higher shocks. The learner--actually the stooge--begins to complain vociferously as the medium range of shock is approached. As the shock levels increase, he curses, asks the experimenter to stop, screams, and pleads and begs for the experiment to be discontinued. The subject is required to ignore all these pleas and to continue administering shock. Finally the stooge indicates that he simply will not cooperate further, but all to no avail. Even when he apparently passes out, the subject continues to shock him.

Forty psychiatrists asked to guess about how subjects would behave in the Milgram situation indicated that about 1/10 of 1% would comply (Milgram, 1965). In fact, however, Milgram finds that between 30 and 66% of subjects go to the very top and give all available shocks when they are actually in the situation. It would appear

that in this experiment--having nothing to do with hypnosis--a disturbingly high percentage of individuals seemingly inflict pain on an unwilling subject when instructed to do so. They will continue to administer shock even in a situation where they have been told that the learner has a bad heart and he begins to complain of pain in his chest as he passes out. The issues involved in interpreting these data are complex and have been dealt with elsewhere (Orne & Holland, 1968), but the findings clearly demonstrate that the experimental situation leads subjects to carry out requested behaviors that vastly exceed the range of what they themselves or a group of psychiatrists would have predicted. It is quite different to ask a subject whether he would carry out an action than to actually instruct him to do so, conveying the expectation that he will comply.

The fact that the experimenter makes such a request inevitably communicates that--regardless of appearances--it is safe for the subject to comply.

Subjects, whether awake or in hypnosis, respond not only to the verbal instructions but to the total situation. Therefore, knowing the verbal instructions is not sufficient to determine how a subject will perceive a particular experimental situation. Unfortunately it is not possible to establish in advance how a situation will be perceived by an individual who is faced with it. Certainly the experimental tasks are seen quite differently by the subject in the situation than by an outside observer or someone who is merely told about what is asked of the subject. Even though the task may have great face validity, and “common sense" would predict with certainty that no subject would be willing to carry it out, it is not possible to determine what will happen without actually testing individuals in the situation.

From these and related laboratory studies it has become clear that it is all but meaningless to test whether subjects will or will not carry out antisocial or destructive behaviors in a context that is perceived as experimental by the subject. While controversy may exist as to why subjects carry out such behaviors in a laboratory setting, it is clear that they do so, with or without hypnosis, probably because they correctly perceive the realities of the experimenter--that he must make certain that no one is in fact hurt in the course of his research.

Equally dissatisfying are the data about whether subjects can be compelled to carry out suggestions during hypnosis which they had decided not to comply with prior to entering hypnosis. Young (1927, 1928), before inducing hypnosis, asked subjects to select one item from his list of suggestions, which they would try to resist; he found that in subsequent sessions, despite the trance, subjects were able to successfully resist the suggestions they had chosen. Wells (1940) repeated this experiment and reported opposite results, supporting his view that a subject in deep hypnosis can be forced to carry out behavior contrary to his wishes. Again, Watkins (1951) reports a subject who could not resist suggestions, despite the offer of financial reward if she did so successfully. Similarly, a number of investigators (Brenman, 1942; Erickson, 1939; Haupt, 1937; Wells, 1941) carrying out experiments where subjects are asked to steal a dollar bill, pick up someone else's wallet, or tear up allegedly important notes, report contradictory findings. The discrepancy in these observations can probably best be accounted for by what Estabrooks (1943) describes as “operator attitude," Wells (1946) has called “expectancy," and what I have conceptualized

as the "demand characteristics of the experimental situation" (Orne,1959).

It would appear that attempts to answer the question whether an individual can or cannot be compelled to carry out antisocial actions or, for that matter, actions against his will, transcend the limitations of the experimental situation. Very subtle factors in the manner in which the experiments are conducted will yield different and contradictory results. Ecologically valid answers to these basic questions can be obtained only in contexts that

are not perceived to be experimental, since the subject's awareness that he is participating in the study drastically alters his perception of the situation. 4

THE FANTASY OF THE EVIL HYPNOTIST AND HIS HAPLESS SUBJECT

When the layman inquires whether hypnosis can be used to induce antisocial behavior, he generally wonders whether a hypnotist can induce trance in a total stranger and then compel him to carry out behavior for his own personal and private benefit--the subject somehow becoming the helpless tool of the powerful hypnotist. Elsewhere, Orne (1962) has analyzed in detail the evidence concerning such an eventuality. Thus, individuals cannot be hypnotized against their wishes or without their awareness, and certainly not by a stranger. Once hypnotized, the subject does not lose complete control over his actions, nor is there compelling evidence that the hypnotized individual is more likely to carry out behaviors requested of him because he is hypnotized. Considerable confusion exists about these questions because hypnosis is invariably induced in a specific context, either experimental, therapeutic, or for a stage performance. Each of these contexts provides the hypnotist with a vast degree of behavioral control over his subjects even prior to the induction of hypnosis, an aspect the observer tends to forget when he is evaluating the hypnotized subject's behavior. In fact, no authority has seriously maintained that such a total control fantasy could be translated into real life with the help of hypnosis. Fortunately, the Manchurian Candidate still remains fiction.

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4 This, of course. does not deny the possibility that an unscrupulous individual might utilize the pretext of an experimental situation to cause individuals to behave in desired self-destructive or antisocial ways. That such a perversion of the experimental situation is possible cannot be doubted, but its consequences should be conceptualized as the result of trickery, no different from any other kind of deceptive maneuver designed to cause individuals to behave in a desired way by misrepresentation.

In a detailed review of the legal cases, Orne (1962) found not a single instance where hypnosis was used to induce antisocial or destructive actions in the absence of a longstanding and intense interpersonal relationship, sufficient in and of itself to explain the events that transpired. 5 This issue is dealt with eloquently by Conn (1972).

HYPNOSIS AS A FACILITATING FACTOR IN ELICITING OTHERWISE UNACCEPTABLE BEHAVIORS

Though consensus exists among authorities that hypnosis in the absence of a meaningful relationship is not a sufficient condition to force an individual to carry out repugnant actions, the question remains whether hypnosis might not facilitate otherwise unacceptable behavior. Kline (1958, 1972), in particular, presents interesting data on this issue. In the most compelling clinical experimental study, he demonstrated that an attorney who had volunteered to participate in an experiment on the legal implications of hypnosis could be induced to exhibit himself in what appeared to be a public setting. In fact, the situation was contrived with the assistance of the law enforcement agencies, but presumably without the knowledge of the subject, to assure his safety by excluding the public from the location that had been selected. Not only does this behavior on the part of an attorney have considerable face validity as a potentially self-destructive action, but also, even more interesting, the subject could be compelled by some but not by other hypnotists to undertake these actions. This study demonstrates the interaction between the hypnotist's attitude, the pre-existing relationship, and the presence of hypnosis as determinants of whether compliance can be elicited.

In his present paper, Kline (1972) presents evidence concerning a series of instances where hypnosis could be presumed to have played an ancillary role in helping the hypnotist to take advantage of the subject. Three cases of hypnotists who entered therapy and reported how they themselves had used hypnosis to bring about behavior otherwise unacceptable to the subject are presented. In the first instance, a physician using hypnosis in a

psychotherapeutic context, reports that he successfully seduced women by means of hypnosis. In a second instance, a student reports the use of hypnosis to facilitate the seduction of young children. In the last instance, another physician describes his gratification derived from hypnotizing patients. The crucial case the

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5 It is important to exclude instances of alleged sexual assault where it is difficult, if not impossible, to document whether hypnosis is causally related to the victim's behavior or merely used as an excuse to legitimize what the individual might in any case have desired.

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physician reports is of a patient who failed to carry out his suggestion that she not eat between meals, and, infuriated by this behavior, he suggested that if the patient persisted in ignoring his commands she would kill her pet dog. The patient did again eat between meals and actually did kill her pet dog, precipitating a psychotic episode.

These compelling cases eloquently illustrate the difficulty of elucidating the actual role of hypnosis in the course of events. It is well known how readily a therapeutic relationship can become sexualized, and the willingness, indeed eagerness, of some patients to attempt to engage in sexual activity with the therapist. That there are rare instances of individuals in the position of therapist who may in themselves be sufficiently disturbed to take advantage of such a situation to the detriment of their patients is also known. That a patient, as described by Kline (1972), might offer to work for her therapist as a volunteer, while making herself available sexually, is not really surprising, nor is the fact that she would find a means to let her husband know what is happening, undoubtedly thereby satisfying multiple psychic needs.

Quite appropriately, Kline (1972) focuses on the psychopathology of the therapist who would permit such events to take place. There is little doubt that the use of hypnosis was very important for the dynamics of the therapist. Not only did he derive gratification from the induction of hypnosis, but it also provided a false sense of security. On the other hand, it is equally clear that hypnosis is not a necessary condition to explain these events. In other words, we do not know, nor are we given any compelling data to suggest that the distortions of perception and memory brought about by hypnosis, or even the activation of erotic fantasies, significantly facilitated the likelihood of the patient's behavior.

In the case of the student reporting the use of hypnosis to seduce children, hypnosis could similarly be thought of as yet one additional manipulative tool. One suspects that the student was adept at selecting his youthful partners. Finally, the most striking case is that of the woman who kills her pet dog. Clearly, the patient was ambivalent vis-a-vis her therapist and intended at some level to provoke him by purposively disregarding his instructions. The therapist's behavior toward her and his willingness to utilize a powerful sanction against her clearly communicated his anger, thereby provoking an intense but not altogether surprising reaction. One may suspect that the more ultimate sanction of refusing to see the patient was implicitly invoked, and the fact that the patient complied with the suggestion to kill her pet dog seems to make sense on a dynamic basis. Thus, even here one is far from sure whether the subject was following a "posthypnotic suggestion" or

whether identical behavior might not have occurred if the therapist had been equally injudicious but had never heard of hypnosis.

These cases indicate how hypnosis may play a role in bringing about a certain course of events, but they do not demonstrate that it is a necessary condition. Certainly the belief by the hypnotist that hypnosis is useful was likely to be an important influence on his behavior. It must be kept in mind, however, that closely analogous

events occur without hypnosis being involved. While one is tempted to conclude that the distortion of perception and memory and the facilitation of a special, more intense transference relationship are causally related, the conclusion that this is the case remains conjecture.

There seems little doubt that in the context of a therapeutic or quasi-therapeutic relationship intense feelings may be developed by one person to another. These feelings can be, and, alas, have been at times, used in the service of the therapist's needs rather than those of the patient. Similarly, sexual attraction and the existence of a sexual relationship may serve to motivate individuals to undertake behavior at the request of their partners, regardless of deleterious consequences to themselves. It seems in each instance where hypnosis may be implicated as a causal factor there coexist other variables which, in themselves, are sufficient to explain the events. It seems less than parsimonious, therefore, in the absence of clear-cut evidence where hypnosis is a necessary condition, to accept the view that hypnosis is a major factor in bringing about behavior that would not otherwise be carried out.

THE EFFECT OF DISTORTIONS INDUCED BY HYPNOSIS IN ELICITING DESIRED BEHAVIORS NOT OTHERWISE OBTAINED

The reason why hypnosis is seen as such a special way in which individuals can be compelled to carry out behaviors is because of its potential for distorting an individual's memory and perception. It is argued that a set of pseudo-events or memories can be created which will make the subject's behavior entirely acceptable to him because he perceives the world as it is suggested to him rather than as it really is (e.g., Watkins, 1972). There is convincing evidence, however, that the subject's distorted perception and memory is never complete. At some level the individual continues to recognize the real world, though under most circumstances he does not attend to these cognitions. Careful observation of the hypnotized individual's behavior invariably reveals evidence of such awareness. For example, unless somehow forced to do so, the hypnotized subject does not walk into or sit on a person for whom he has a negative hallucination; he will walk around the chair he

does not see, he will respond physiologically to insults from voices he cannot hear, and so on. An incident described by Janet (1889) at the Salpetriere is case in point. A deeply hypnotized subject, demonstrating in front of assorted judges and magistrates, willingly stabbed with rubber daggers, poisoned with powdered sugar, and carried out a broad range of simulated crimes and mayhem when told to do so. After the demonstration was over and the distinguished visitors had left, the students remained to awaken the subject. Intending to end the demonstration on a lighter note, they suggested to the patient that she was alone and would undress--a suggestion which caused her to promptly awaken. Undoubtedly at some level the distinction between a simulated crime and an actually embarrassing situation was clearly recognizable.

CONDITIONS WHICH AUGMENT AN INDIVIDUAL'S WILLINGNESS TO COMPLY WITH UNREASONABLE DEMANDS

Individuals will vary in their willingness to carry out behaviors that demand effort, involve discomfort, or are potentially dangerous or costly. More important, however, the same individual will willingly carry out such an action under some circumstances while he will refuse to do so under others. Every good salesman knows that customers become ready to buy at a certain point. An effort to close a sale prematurely or failure to recognize that certain point and to continue to "sell" is likely to cause him to lose the sale. Similarly, a teenager by himself may avoid taking foolish risks; yet he may readily do so under group pressure or encouragement by a member of the opposite sex, or if the behavior is modeled--in fact or fiction--by an individual with whom he identifies.

Alcohol has long played a role as a social disinhibitor; indeed, it has been said that the superego is that portion of the personality soluble in alcohol! While there is little doubt that alcohol or related drugs may exert powerful pharmacological actions which lead to disinhibition, it is also clear that relatively small amounts of alcohol may act as extremely powerful social disinhibitors with the behavioral effect being vastly greater than could be

accounted for by the pharmacological action of alcohol. In these instances, the individual's awareness that he is drinking serves to legitimize behavior that might otherwise seem unacceptable. The cognitive legitimization of "I am drunk" is far more important in these instances than the pharmacological action.

There seems little doubt that hypnosis may serve a function analogous to alcohol in some instances. It is possible to conceive of circumstances where the folie a deux of hypnosis--that the hypnotist controls the subject's behavior--might motivate the hypnotist to de-

mand behavior he would not otherwise feel able to request, and elicit compliance from the subject who might, under other circumstances, feel unable to comply. Under these conditions the action of hypnosis would have an effect precisely analogous to an individual's going out and having a few drinks. In both instances, the altered state is used to legitimize behaviors not fully acceptable under "normal" conditions.

In a sense, of course, one can appropriately argue that alcohol or group pressure or sexual attraction can induce individuals to commit antisocial or self-destructive actions. Most vandalism and "thrill" crimes would not take place without such facilitating circumstances, yet it is difficult to conceive a defendant's successfully employing the defense in a court of law that he committed a crime because he was in a group, because he was sexually attracted to a girl, or because he had one or two drinks. This is true, though any reasonable observer would admit that without these facilitating factors the crime would not have been committed.

Hypnosis is best considered a potential facilitator of antisocial or self-destructive behavior in the same sense as minimal amounts of alcohol or group pressure. This is probably true in the cases cited by Kline (1972), as well as in some of the better known criminal cases such as those reported by Reiter (1958), Mayer (1937), and others. We are deceived into thinking that hypnosis plays a special role because of its capability of distorting perception. When a subject carries out an action in hypnosis it does not necessarily mean that he carries out the action because he is hypnotized. Careful evaluation of these situations invariably suggests that the distortions of perception or memory serve more to rationalize and legitimize the behavior than to act as causal factors.

Watkins (1972) makes the point that the potential for using hypnosis to induce antisocial behavior must be accepted, lest the hypnotist who induces a subject to commit a crime for his benefit escape prosecution. Such a fear is unfounded since the hypnotist would inevitably be an accomplice before and after the fact--in law equally culpable. In such a situation it is quite unnecessary for the courts to decide the very difficult issue of whether hypnosis played a causal role. In the case discussed by Reiter (1958), for example, which is the one documented criminal case where an actual bank robbery was committed following a posthypnotic suggestion to do so, the court took cognizance of the intense, prolonged interpersonal relationship and recognized the delusional system of the subject. But the court wisely refused to rule on whether hypnosis was causally related, and the hypnotist was convicted as an accomplice, while the subject was appropriately considered mentally deranged.

THE SOCIAL CONSEQUENCES OF BELIEVING HYPNOSIS CAPABLE OF INDUCING ANTISOCIAL BEHAVIOR

In this discussion we have tried to point out that the hypnotically induced distortion of perception or memory is not germane in inducing individuals to commit actions which are repugnant to them. As has been pointed out more extensively elsewhere (Barber, 1961; Orne, 1961, 1962), hypnosis does not lead an individual to carry out actions because he loses his judgment; however, we do recognize that hypnosis may serve as one of many social factors which facilitate the willingness of an individual to engage in certain behavior. In this regard, it is similar to, and certainly less likely to be effective than, let us say, peer group pressure.

Because of the dramatic nature of the hypnotic phenomenon, the statement that hypnosis may serve to facilitate a behavioral sequence is usually misinterpreted; the layman in particular often assumes that the subject in hypnosis has no choice and that he has been robbed of his will. From this point of view, certainly, peer group pressure is a far more effective technique of robbing the individual of free will!

The question is not whether hypnosis may serve to facilitate behavior that a subject may otherwise be reluctant to undertake. Certainly hypnosis may serve such a function much in the same way as a therapeutic relationship or an experimental situation can be shown to elicit behavior that appears to transcend reasonable bounds. Furthermore, hypnosis may act in a fashion analogous to alcohol or group pressure in facilitating actions which an individual would not choose to undertake under other circumstances, especially after careful deliberation. It must be kept in mind, however, that the question, "Can hypnosis be used to compel subjects to undertake actions otherwise repugnant?" implies that hypnosis will be effective because it permits the distortion of the subject's reality on the one hand, and, on the other hand, can elicit behavior that is carried out compulsively. In this sense, all available data indicate that the hypnotized individual cannot be compelled to carry out actions he would not ordinarily undertake--keeping in mind that "ordinarily" should not be restricted to behaviors carried out after private and careful deliberation, but includes what an individual might do in response to the many social pressures to which each of us is exposed every day.

Watkins (1972), while arguing eloquently that hypnosis can be a causal factor in eliciting otherwise unacceptable behavior, concludes by pointing out that it may be best for hypnotists to believe that this is not possible. Though the opposite position is taken in this discussion

regarding the former point, the present author would agree, also from a social point of view, that it is essential that the limitations of hypnosis be recognized. The cases recorded by Kline (1972) illustrate this issue most aptly. Had the hypnotists whom Dr. Kline treated recognized that hypnosis does not permit them to really control the behavior and experiences of the subject, they would not have found themselves in unhappy predicaments. The more widely it is understood that subjects retain the ultimate decision to comply with or refuse a suggestion, the less likely it is that the fiction of hypnotic power will be used in a manner destructive both to the hypnotist and the subject.

The social consequences of erroneously assuming that the hypnotist may truly control the will of the subject would be even more grave were they to be shared by courts of law. A jurist might, in a misguided effort to protect the apparently helpless victim of the hypnotist, bring about a new set of insidious and dangerous legal fictions. If the public and the courts truly believed that the hypnotized individual bore no responsibility for his actions, one could well imagine how the hypnotic interaction could become a means of actualizing the most destructive fantasies of both the hypnotist and the subject. Such an effect would be brought about not because the phenomenon of hypnosis permits the hypnotist to control his subject, but because hypnosis would serve as a more effective means of legitimizing behavior. The power involved would bear close resemblance to the phenomenon of witchcraft, which, in those societies that accept this belief, exerts an awesome and destructive effect. As late as the 18th century, our courts were misled by pseudo-scientific observations about the power of witchcraft that resulted in gross miscarriages of justice.

It would be unfortunate if the above remarks were interpreted to mean that hypnosis is ineffective or that the hypnotic relationship is one where the subject is disinclined to do whatever is asked of him. Nothing could be further from the truth. It is merely intended to emphasize the uniquely powerful relationship which exists between the healer and his patient. The Hippocratic Oath already includes the passage, "In every house where I come I will enter only for the good of my patients, keeping myself far from all intentional ill-doing and all seduction, and especially from the pleasures of love with women or with men. ..." It would seem that some of the problems potentially inherent in the therapeutic relationship have been recognized explicitly for some time. Hippocrates realized that there is a unique quality in the doctor-patient relationship which makes the patient

vulnerable and permits the sick and unscrupulous physician to use such a relationship in the service of his own gratification. Hypnosis is unlikely to increase the

risks to the patient except insofar as it resonates with the power fantasies of the therapist.

Much of the therapist's training must focus on helping him to recognize that the attraction patients express for him are the feelings transferred onto his person from the patient's earlier life experiences, rather than a tribute to his personal attractiveness. The therapist who mistakes such transference feelings for genuine love and who explicitly, or even implicitly, responds in kind does so at his peril and that of his patient. The kind of relationship which results under such circumstances is invariably destructive to both parties, regardless of how ardently hoped for by either.

It is especially vital for the therapist who would use hypnosis in treatment to understand his own power fantasies which may have analogous deleterious consequences. The induction of hypnosis appears to create a situation where the therapist can control the patient's experience and behavior. This control, however, is more illusory than real. Indeed, as a careful analysis of the hypnotic interaction reveals, the good hypnotist is characterized by his exquisite responsiveness to subtle cues from the subject and his willingness to alter his behavior accordingly (see Orne, 1962b). Consequently, the process of inducing hypnosis not only increases the hypnotist's control over his subject, but also the subject's control over the hypnotist.

In a real sense, the "power" of the hypnotist over his subject is a shared illusion maintained by the willingness of the hypnotist to behave in an appropriate fashion and to give suggestions that, both in the manner in which they are given and in their content, are acceptable to the subject. If the hypnotist "rules," he does so in the manner of a constitutional monarch by the sufferance of his subjects. The hypnotist who is deluded about the actual state of affairs and who fails to recognize the high degree of reciprocity of control that characterizes the hypnotic relationship is likely to encounter difficulties analogous to those of the therapist who accepts his patient's protestations of love at face value.

Consequently, the effective therapist using hypnosis will do so with the recognition that the phenomenon serves to bring to the fore abilities and skills of the subject that would not otherwise have been available. It facilitates the alliance of the therapist with that part of the individual striving to overcome his illness. However, the patient invariably has wishes to behave in more than one fashion, and the therapist's apparent power is the result of allying himself with one or the other of the patient's desires, resulting in a shift of the psychic equilibrium sufficient to cause the patient to behave in the suggested manner. The

therapist using hypnosis, like any other therapist, will strive to ally himself with the healthy wishes and aspirations of the patient, but it is of course possible for a disturbed therapist to ally himself with destructive aspects of a patient's personality and facilitate destructive behavior. This is what occurred in the cases reported by Kline (1972).

It is clear that hypnosis can be used destructively in the same manner as any other therapeutic intervention. It should be added, however, that the fallacious belief that hypnosis enables the therapist to gain a special type of control over his patient may help to increase this danger. The temptation for the therapist to give suggestions designed to force a patient to give up a necessary pattern of adjustment to please the therapist may be considerable. The tendency for the therapist's unresolved power to interfere with a sensible and desirable therapeutic program is very real. From the point of view of the therapist's effectiveness, the belief in the hypnotist's omnipotence tends to interfere with his ability to help his patients.

Fortunately hypnosis does not increase the hypnotist's power over his subject, and, thus, the more the hypnotist learns about hypnosis the less likely is he to find himself in difficulties. Certainly hypnosis can be used destructively, but this is not because of hypnosis but because all psychotherapeutic interventions can be destructive if the therapist fails to understand his own needs and motives. To the extent that issues of power are involved, it becomes vital for the therapist who would use hypnosis to recognize a few obvious signs which should alert him to potential difficulties in this area: (a) if he finds himself using hypnosis indiscriminately with all his patients; (b) if he finds himself taking pleasure in the induction of hypnosis and is less concerned about its application; (c) if he is unduly concerned with determining how deeply hypnotizable his patient is and feels it essential to have his patients achieve the deepest possible state; (d) if he is concerned about patients deceiving him and faking hypnosis; (e) if he experiences the induction of hypnosis as a battle of the will; or (f) if he looks forward to hypnotizing those patients he finds attractive.

The therapist who can identify several of these symptoms in his own experience would do well to review his motivation in some detail. Certainly he would be advised to refrain from using hypnosis in the treatment of psychoneurotic symptoms, since he is unlikely to be able to distinguish between his own needs and those of the patient. While he may be effective in relieving the difficulties of some of his patients, he runs a high risk of encountering serious difficulties. When these occur, such an individual will insist that the difficulties are because of the “power of hypnosis," but the answer will be far closer at hand in the

therapist's own ill-understood and unresolved power fantasies which are acted out in the process of hypnosis.

It is perhaps fortunate that the scientific evidence as well as a review of the legal literature indicate that hypnosis does not make it possible for a subject to be compelled to carry out behavior which is repugnant to him. Rather, research has shown that hypnosis is likely to be less effective than many other forms of social influence which may induce one individual to carry out the request of another. Good clinical practice is facilitated by the availability of these findings. Both the patient and the hypnotherapist are best served by the recognition that both the induction and maintenance of hypnosis involve a cooperative enterprise which may facilitate vivid and meaningful subjective experiences for the patient, but where, in an ultimate sense, the patient always remains in control.

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Kann Man eine hypnotisierte Versuchsperson dazu bewegen, sich in einer ihr sonst unannehmbaren Weise zu verhalten?

Martin T. Orne

Abstrakt: Die andauernde Kontroverse uber antisoziales Verhalten und Hypnose wird in ihrer Relation zu der Art, in der die Frage traditionell gestellt wird, betrachtet. Die bejahende sowie die verneinende Position sind fur eine empirische Widerlegung unzureichend. Eine Weigerung, antisoziale Handlungen auszufuhren, kann daher einer ungenugenden Hypnosetiefe oder einer unzulaglichen Hypnosetechnik zugeschrieben werden, wahend sich eine endgultige Erklarung fur das Verhalten der willfAhrigen Vpn. darin finden liesse, dass ihre Handlungsweise nur das darstellt, was sie ohnehin getan hAtten. Es ist bekannt, dass mit dem Einwilligen in eine Hypnose, was schliesslich eine engere Beziehung verein-

facht, eine Vp. eher auf gewisse Forderungen reagieren wird, als es sonst der Fall ware. Man schlagt daher vor, dass der Effekt, den das Einwilligen in eine Hypnose ausubt, einem solchen ahnlich sei, der fur die therapeutische Beziehung, die Sexualbeziehung oder fur den Alkoholgenuss charakteristisch ist. Hier werden die Grunde diskutiert, warum die anti- sozialen Aspekte dieser Frage nicht experimentell gelost werden konnen. Auch ist weiterhin kein Beweis dafur vorhanden, der andeuten wurde, dass die benehmensmAssige Kontrolle des Hypnotiseurs uber die schon vor der Induktion vorhandenen Kontrolle durch Hypnose erhoht wird. Daher muss die populare Annahme zweifellos verworfen werden, dass Hypnose eine einzigartige Form der Kontrolle uber das hypnotisierte Individuum ausuben kann, die es dazu zwingt, abstossende Handlungen auszufuhren.

?Puede un sujeto en Hipnosis ser Obligado a Producir Conducta Antisocial?

Martin T. Orne

Resumen: La larga controversia entre las relaciones de la hipnosis y la conducta antisocial es vista fundamentalmente segun la forma en que se la postule. Desde un ponto de vista empirico, tanto la respuesta positiva como negativa son imposibles de comprobar. Por una parte, se piensa que si una persona determinada no produjo conducta antisocial, ello se debio a que, o bien no estaba en hipnosis profunda, o bien la tecnica para suscitar tal conducta no fue eficaz. Por otra parte, si se suscita tal conducta, se piensa que ella tambien pudo haberse logrado sin ayuda de hipnosis. En otras palabras, por una parte la aceptacion de una relacion hipnotica por una persona determinada la haria mas susceptible a ciertas proposiciones de su operador. lo que no ocurriria en otras circunstancias. Por otra parte, se piensa que la relacion hipnotica en ningun caso es mas profunda y facilitadora de una conducta determinada que lo que podria serlo otro tipo de relacion terapeutica, una convivencia sexual o cierta conducta suscitada por el alcohol. Se discuten las razones por las cuales es imposible aproximarse al problema en forma experimental. Se discute ademas la falta de evidencia que supone que el hipnotista tendria mas poder de control sobre una persona dada, antes y/o durante la hipnosis. Por lo tanto, debe desecharse la idea tan popular que supone que el hipnotista tiene un poder extraordinario sobre la persona hipnotizada.

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